File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

> ama FORM DR-2 DISCLOSURE (Rev. 12/2009) REPORT For Office Use Only Comm. # Logged In-Scanned. Computer Audited

Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Bailot Issue **CANDIDATE COMMITTEES ONLY:** Candidate Name Political Party (if applicable) Democraric Office Sought District (if Senate or House) Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. SIGNATURE OF PERSON FILING REPORT 2011 I AM FILING A REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate by # / ☐CHECK IF AMENDMENT TO REPORT DATED _ Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end 198.77 of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUR-TOTAL C SUBTRACT TOTAL MONEY SPENT THIS PERIOD 418.83 Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$)**,**00 **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ **~** 6 CONSULTANT BREAKDOWN (Schedule G Attached?) YES X NO **CANDIDATE COMMITTEES ONLY:** VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) 00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	Annual Control of Cont	A (Rev. 07/03)	MONETARY RECEIPTS
For Instructions, See Back of Form	Reset Form	SCHEDULE	

COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF AMENDING FORM
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTROL			, ,
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/20/10	ID# CK# /2/8	Tena Co Demo Tena Meet + Great Goff Charles Suo b. La		\$ 53 50	<u></u>
[0/20/10	CK#CASL		Son	100-	
10/23/10	CK# CASh	Donotty Hazarta	Sis	20-	
11/5/10	CK# /2/8 ID# CK# CASh ID# CK# CASh ID#	Druce / Sustade	Son	3841	
, , , , , , , , , , , , , , , , , , ,	CK#				
	ID# CK#				
			SUB-TOTAL		

TOTAL (if last page of this schedule)

Page _____ of _____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

R	eset	F	orm

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOY IE

AMENDING FORM

COMMITTEE NAME (M	lust be	same as on	Statement	of Organization)
50060	۷.	La	Re	cerden

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1419/10	CK#CAs(True Po	Postage FOR Report	\$815
10/11/10		Tom Non Hearl	Als	25424
10/21/10	ID# CK# / O / 2_ ID#	Modo	Design Flyen	4500
	CK# /0/3	Po	STAUSS	21 00
		Trua C Shappen	Thick You Ad	70.44
11/2	CK#Cosh	fareling	Treita	2000
	CK#			
	ID# CK#			

SUB-TOTAL

TOTAL (if last page of this schedule)

\$418.83

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	 	of_	

		RESET	SCHEDULE	
OMMITTEE NAME	(Must be same as on Statement of Organization)		F	LOANS
5v060	La Recorder		(Rev. 02/08)	RECEIVED & REPAID
	reports money loaned to the committee which is deposited in th		CHECK T	HIS BOX IF
	INS FROM <u>LAST</u> REPORTING PERIOD \$/ 4 25		AMENDIN	G FORM
ART I - MONETAR (Original so	Y LOANS RECEIVED <u>THIS</u> REPORTING PERIOD urce of loan, such as a bank, must be shown if a third party is int	volved. Include loans from cand	idate's personal fui	nds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable	*) AMOUNT OF	LOAN
12/19/10	Malen So. 6. da		8-15	
1, 7,	7.01			
PART II - MONETA (Loans for	RY LOAN REPAYMENTS MADE THIS REPORTING PERIOD given must be reported on Schedule E - In-kind Contributions.)	TOTAL <i>(PART I</i>)	\$_ \$ 1433,	48
PART II - MONETAI (Loans for DATE PAID (MM/DD/YR)	given must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	
(Loans for	given must be reported on Schedule E - In-kind Contributions.)		AMOUNT RE	
(Loans for	given must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	
(Loans for	given must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	
(Loans for	given must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	
(Loans for	given must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	
(Loans for	given must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	
(Loans for	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CASH R	RELATIONSHIP TO CANDIDATE* (If Applicable	AMOUNT RE	EPAID
(Loans for	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CASH R	RELATIONSHIP TO CANDIDATE* (If Applicable	AMOUNT RE	EPAID
DATE PAID (MM/DD/YR) Disclosure law required making a contribution consanguinity (blood	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CASH R	RELATIONSHIP TO CANDIDATE* (If Applicable EPAYMENTS (PART II) L LOANS FORGIVEN D OF REPORT PERIOD stive ree of tributor is	AMOUNT RE	EPAID

FOR INSTRUCTIONS, SEE BACK OF FORM